

FRONT

MEDDAC TRAVEL REQUEST

1. MEMORANDUM THRU:

SUPERVISOR/ CLINIC CHIEF

DATE

SUBJECT: TDY REQUEST

Justification / Explanation: _____

(Training is provided to MEDDAC staff to improve job performance and skills, which contribute to the MEDDAC mission, Education credits are incidental.)

Course/Conference documents are attached for review.

Requester's Signature

2. THRU: CARE LINE / SERVICE LINE CHIEF FOR APPROVAL:

SURGERY: _____ date _____

PRIMARY CARE: _____ date _____

OB/GYN: _____ date _____

PREVENTIVE MED: _____ date _____

MENTAL HEALTH: _____ date _____

PHARMACY: _____ date _____

PATHOLGY: _____ date _____

RADIOLOGY: _____ date _____

RMD: _____ date _____

___ ADMIN AREAS: _____
___ BOARD CERTIFICATION
___ CONTINGENCIES: _____

___ MEDCOM DIRECTED
___ PATIENT TRAVEL
___ CENTRALLY FUNDED

___ MISSION
___ PEBLO

3. RMD: FOR COST ESTIMATE AND ACCOUNTING CITATION:

PER DIEM

TRAVEL

OTHER

TOTAL

\$

\$

\$

\$

RMD USE ONLY:

APC: _____

Lodging: \$ _____

M & I: \$ _____

Total Per Diem: \$ _____

Flight \$ _____

Rental Car: \$ _____

Other: \$ _____

Total TDY: \$ _____

97__0130 1881 0 74 7418

4. S2/S3 DIVISION FOR ORDERS # _____ ISSUED _____

PICK UP YOUR ORDERS IN ROOM 2480 VIRG COLLINS 526-7258

FC MEDDAC FL600 (May 03) Prior editions obsolete

**TRAVELER MUST COMPLETE THIS SIDE OF THIS FORM **

COMPLETE THIS FORM FOR NON-TDY TRAINING IF REIMBURSEMENT IS REQUESTED

BACK

TRAVELER INFORMATION

DATE OF REQUEST: _____

NAME/GRADE/RANK: _____ SSN: _____

DUTY SECTION: _____ DUTY PHONE: _____

DUTY POSITION: _____ MOS/SPECIALTY _____

PURPOSE OF TRAVEL: _____

(Training is provided to MEDDAC staff to improve job performance and skills which contribute to MEDDAC mission . . . education credits are incidental.)

NAME OF COURSE / CONFERENCE: _____

DESTINATION FROM _____ TO _____

HOTEL: _____ CITY: _____ STATE: _____ CONTACT PHONE # WHILE TDY: _____

INCLUSIVE DATES: FROM _____ TO _____ # DAYS TDY _____
(DON'T INCLUDE TRAVEL TIME)

MODE OF TRANSPORTATION: (Commercial Air Tickets - Carlson Travel @ 576-5188.)

POV: _____ COM AIR: _____ GOVT VEHICLE: _____ GOVT AIR: _____ RENTAL CAR _____

VARIATION AUTHORIZED _____

TUITION / REGISTRATION FEE REQUIRED: NO _____ YES _____ AMOUNT \$ _____

IS LEAVE GOING TO BE TAKEN IN CONJUNCTION WITH TRAVEL?

NO _____ YES _____ NUMBER OF DAYS _____ DATES _____

TRAVELER INFORMATION:

A: CIVILIANS AND MILITARY CONFERENCE/ TRAINING FEES. Approved fees are included as estimated costs on travel orders. If you are unable to pay your registration fee, include in your TDY packet the standard memo (**SEE S2/S3 Website for Standard Memo**) requesting the travel coordinator pay your registration fee in advance. Contact RMD for unusual situations. Civilians must complete a DD1556.

B: CAUTION: Travelers will not make financial commitments prior to approval of FC MEDDAC FL600 (May 2003). Upon approval of FC MEDDAC FL600, travel arrangements can be made without orders. You must have 3 copies of your TDY Orders in order to pick up tickets or a copy of your orders can be faxed to Carlson Wagon-Lit at 576-5262 to be issued an E-Ticket.

C: PER DIEM CEILINGS: In high cost areas, hotel rates frequently exceed the lodging rate, especially the conference hotel. Recommend contacting several hotels in the vicinity of the conference site to obtain an acceptable lodging rate.

D: CERTIFICATION COURSES: MEDDAC funds cannot be used for the specific purpose of administering examinations or paying fees which will result in licenses or certification that are personal to an employee.

E: TRAVELER UNDERSTANDS that it is their responsibility to notify their Careline Secretary if travel is not performed once approved and processed. The Careline Secretary will notify S2/S3 & RMD of the cancellation. Traveler also agrees to submit a travel voucher (DD1351-2) within five days of completion of travel to your Careline Secretary. The original of each of the following should be submitted: travel voucher, travel order, lodging receipt, , airline ticket stub, itinerary, rental car receipt, receipt for fees, etc. Also include receipts for miscellaneous reimbursable items over \$75.